

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019560

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **098**

Primary Registration District No. _____

Registrar's No. _____

FILED JUN 7 1963

VS:300
Rev. 4/59

1 **0310**

2 **0310-**

3

4 **0**

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9 **331X**

10

11

12 **86-2**

13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Warren | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Gallatin | | c. CITY OR TOWN Jamesport | |
| Length of stay in 1b 2 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) East Side Nursing Home | | d. STREET ADDRESS (If outside, give location) Jamesport | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) HARVEY ANDREW BROWN | | 4. DATE OF DEATH Month June Day 2 Year 1963 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH July 1, 1897 |
| 9. AGE (last birthday) 85 | | 10. IF UNDER 1 YEAR Months _____ Days _____ | |
| 11. IF UNDER 24 HR Hours _____ Min. _____ | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Laborer | |
| 11. BIRTHPLACE (City and state or country) Illinois | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME Andy Brown | | 13b. MOTHER'S MAIDEN NAME Susan White | |
| 14. NAME OF HUSBAND OR WIFE Amy Brown, deceased | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | |
| 16. SOCIAL SECURITY NO. 81 | | 17. INFORMANT Floyd Brown Jamesport Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arterial Sclerosis, Cardiac enlargement DUE TO (c) Enlarged prostate, pyelitis | | INTERVAL BETWEEN ONSET AND DEATH 6 days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary anemia, possible tumor of urinary bladder | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Jamesport | | |
| 20g. COUNTY Warren | | 20h. STATE Mo. | |
| 21. I attended the deceased from June 1962 to June 2, 1963 and last saw her alive on June 2, 1963 Death occurred at 8:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W. Bailey (Degree or title) | | 22b. ADDRESS Gallatin Mo | |
| 22c. DATE SIGNED 6-5-63 | | 22d. SIGNATURE W. Bailey | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 5, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Masonic | 23d. LOCATION (City, town, or county) (State) Jamesport Mo. |
| 24. FUNERAL DIRECTOR Levene Kimberling | 25. DATE RECD. BY LOCAL REG. 6-6-1963 | 26. REGISTRAR'S SIGNATURE Walter M. Engelhart | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 7 1963

Permit Renewal. 6-6-1963 (22)
Permit no. 52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David L. Roberson

Licensed Embalmer No. 3244

P. O. Address Jamesport mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.